

2624. And skilful?—Yes.

2625. Supposing you find out that in a particular week in his private practice he performs three serious operations, which all go well; that in that same week he performs three lesser operations, all of which develop septic symptoms; and that at the same time four cases of erysipelas arise in the Hospital, do you say that that is consistent with your idea of the sanitary condition of the Hospital?—It is quite consistent that septic mischief should break out, especially in cases of abdominal sections.

2626. What effect do you think the conditions you find exist at Dunedin Hospital would have on the length of stay of patients in the Hospital?—It would prolong their stay considerably in some cases, I should say.

2627. Now, do you think the additional risks the patients run in consequence of this state of affairs are slight or appreciable?—They are of an appreciable character. Certainly they are of a more than slight character.

2628. *The Chairman.*] You say the conditions would necessarily increase the length of stay of the patients in the Hospital?—Yes.

2629. Can you indicate to what extent? Your reply might help us in founding a surmise of what is the extra cost in the management of the Hospital?—Well, perhaps instead of a case coming out in three weeks it might not come out in six weeks or even eight weeks.

2630. Then, it doubles the cost of management?—It would in that case. There are such cases as knee-joint mischief, in which, if suppuration takes place, the individual might not only stay a good many months, but lose his limbs, perhaps his life.

2631. *Mr. Solomon.*] Cases of slight knee-joint coming in and developing suppuration: are they consistent with the condition of affairs you found?—If everything was right they should not happen.

2632. Might it happen in the condition of affairs there now?—It might happen in some instances.

2633. Are the conditions you found there consistent with an unusual number of erysipelas cases breaking out?—Well, if the walls and floors are saturated with erysipelas germs it is not surprising to have erysipelas break out now and again.

2634. With the fact that the state of affairs is such as you found them, and considering that the Hospital has been in use for the last twenty-five years, in what condition would you now expect to find the walls and ceilings?—I think they should now be pretty full of germs.

2635. If this state of affairs has gone on for twenty-five years, do you think the Hospital can be in a healthy condition?—I do not think so.

2636. Do you think this Hospital could be patched up so as to make it a safe repository for surgical cases?—I believe it could be improved, but still it would be unsatisfactory. I think, from the nature of the building, improve it as much as you like, it would not be a perfect Hospital.

2637. Do you think it wise that gynecological cases should be treated in the same ward as general cases?—It is not wise, certainly.

2638. We have also heard that there are two sorts of operations—necessity and expediency; and that sometimes a surgeon thinks an operation is desirable when it is not absolutely necessary, and he has to exercise his discretion as to whether to perform it or not?—Yes, that is often so.

2639. Does the condition of the Hospital now enable you to form a fair idea of that?—Yes. In an operation of expediency I should say that if it were likely to involve the life of the patient I would not perform it in the Hospital even although I thought it desirable.

2640. Is that fair to the patient?—No, it is not.

2641. You would be deterred from performing the operation because you thought the Hospital was unsatisfactory?—Yes.

2642. No antiseptic precautions would give you confidence?—You could hardly depend on a septic treatment, for even with the best of care and the best of septic treatment you sometimes get a case to go wrong.

2643. That is, when the atmosphere is dangerous?—Yes.

2644. I suppose it is a battle of antiseptic precautions on the one side and germs on the other?—Yes.

2645. Do you think the death-rate here should compare favourably or unfavourably with England?—I think it should be much less than in England.

2646. Our Hospital death-rate?—Yes, our death-rate. The district death-rate is much less.

2647. In England it is from 25 to 30 per thousand, and here it is from 12 to 15 per thousand?—I do not think it is as much as that in some places.

*The Chairman:* From 10 to 11.

2648. *Mr. Solomon.*] Apart from special circumstances, what might you expect to find the death-rate in the Dunedin Hospital?—I know the death-rate is about 10 per cent.

2649. But, apart from special circumstances, supposing it were healthy, and apart from any unhealthy surroundings, what would you expect to be the maximum death-rate?—I should not expect more than 7 per cent.; and even that is a high death-rate.

2650. Under present circumstances, is it possible to have a low death-rate?—There are many things to be taken into consideration, but I think the death-rate is about as low as it could be made with all care.

2651. That is in the present state of affairs?—Yes.

2652. And you think that by proper sanitary conditions it could be reduced to certainly no more than 7 per cent.?—It might be reduced to less.

2653. But not more than 7 per cent.?—It should not be more than 7 per cent. in a proper hospital.